

7a. If there are minor children, or child support is requested, does any other court have prior continuing jurisdiction of the minor(s)? ☐ Yes ☐ No

If yes, specify the court _____
and file number _____

8. The wife ☐ is ☐ is not pregnant, and the estimated date of birth is _____.

9. There ☐ is ☐ is no property to be divided.

Attach proposed division of marital property and debt, and custody of children, if any.

☐ 10. I request temporary support orders for the payment of the following:

a. support for: ☐ child(ren) ☐ petitioner ☐ respondent

b. health care: ☐ expenses ☐ insurance premiums for ☐ child(ren) ☐ spouse

c. residence: ☐ utilities ☐ rent/mortgage/land contact ☐ taxes ☐ insurance

d. other: specify: _____

☐ 11. Motion(s) are attached that request temporary restraining order(s) concerning:

☐ a. property

☐ b. domestic assault: ☐ civil ☐ criminal

☐ c. other: specify _____

12. I request a judgment of divorce, and:

a. property: ☐ award to each party the property in their possession ☐ divide

b. change wife's last name to _____.

c. legal custody to: ☐ petitioner ☐ respondent ☐ joint/both parties

☐ third party _____

d. physical custody to: ☐ petitioner ☐ respondent ☐ joint/both parties

☐ third party _____

e. visitation rights: ☐ reasonable ☐ specific

f. support money for: ☐ children ☐ petitioner ☐ respondent amount _____

g. ☐ other: specify _____

Date

Petitioner's Signature

Date

Petitioner's Attorney Signature

Bar no.

.....
Subscribed and sworn to me on _____ in _____ County, Michigan
Date

My commission expires: _____
Date

Notary Seal

Signature _____, _____ County Michigan

Little Traverse Bay Bands of Odawa Indians Tribal Court



Court Address: 911 Spring St., Petoskey, MI 49770 ~ Phone: 231-242-1462 ~Fax: 231-242-1470

CASE NO: _____ (Court Office use only)

Plaintiff(s), address, telephone no.		Defendant(s), address, telephone no.
Plaintiff(s), Attorney's address, telephone no.	v	Defendant(s), Attorney's address, telephone no.

COMPLAINT

(Attach additional sheets of paper if necessary)

I, _____ have the complaint against _____

Based upon: (Give details)

I am requesting the following from the Court:

Date

Signature of Plaintiff

Dissolution of Marriage Questionnaire

Wife's name: _____

Plaintiff: _____, Defendant: _____ (Check one)

Other names known by: _____

Maiden name: _____

Last name wife wishes to be known as following divorce: _____

Date of birth: _____ Place of birth: _____

Address: _____

Is this address located on the LTBB reservation? Yes _____ No _____

Mailing address (if different): _____

How long at present address? _____

How long on the LTBB reservation (if different)? _____

Date of Marriage: _____ Place: _____

Number of this marriage (1st, 2nd, etc.) _____

Pregnant: Yes _____ No _____ If yes, due date _____

Date of separation (when last cohabited): _____ Where did separation take place? _____

Social Security number: _____

Drivers license no. & state: _____

Eye color: _____ Hair color: _____ Wgt: _____ Hgt: _____ Race: _____

Scars, tattoos, etc.: _____

Home telephone no.: _____ Work telephone no.: _____

Occupation: _____

Business/Employer's name and address: _____

Gross weekly income: _____

Has wife applied for or does she receive public assistance: Yes _____ No _____

If so please specify and indicate case numbers: _____

Husband's name: _____

Plaintiff: _____, Defendant: _____ (Check one)

Other names known by: _____

Date of birth: _____ Place of birth: _____

Address: _____

Is this address located on the LTBB reservation? Yes _____ No _____

Mailing address (if different): _____

How long at present address? _____

How long on the LTBB reservation? (if different) _____

Date of marriage: _____ Place: _____

Number of this marriage (1st, 2nd, etc.) _____

Date of separation (when last cohabited): _____

Where did separation take place? _____

Social Security no.: _____

Drivers license no. & state: _____

Eye color: _____ Hair color: _____ Wgt: _____ Hgt: _____ Race: _____

Scars, tattoos, etc.: _____

Home telephone no.: _____ Work telephone no.: _____

Occupation: _____

Business/Employer's name and address: _____

Gross weekly income: _____

Has husband applied for or does he receive public assistance: Yes _____ No _____

If so please specify and indicate case numbers: _____

Property to be divided

Minor children of this marriage

Name:(minor child)	Tribal Affiliation	D.O.B.	Age	Address	SS#

Other minor children of either party

Name:	Tribal Affiliation	D.O.B.	Age	Address	SS#

Health care coverage available for each minor child

Name of minor child	Policyholder	Insurance co.	Policy no.

Names and addresses of persons other than parties who may have custody of children during pendency of this case:

Places where children have lived within the last five years:

Names and addresses of custodians with whom the children have lived within the last five years:

Do you know of, and have you participated as a party, a witness or in any other capacity, in any other court decision, order, or proceeding, including divorce, separate maintenance, child neglect, dependency, or guardianship, concerning the custody or visitation of the children, in this state or any other state? Yes _____ No _____
If yes, explain and give case name, court's name and address:

Do you have information of any pending proceeding including divorce, separate maintenance, child neglect, dependency or guardianship, concerning the custody or visitation of the children, in this state or and other state? Yes _____ No _____
If yes, explain and give case name, court's name and address:

Is there any other divorce proceeding or custody proceeding between these parties pending in any other court or has any such action been previously filed and dismissed, transferred, or otherwise disposed: Yes _____ No _____ : If yes explain:

Little Traverse Bay Bands of Odawa Indians Tribal Court			VERIFIED STATEMENT			CASE NO.		
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1. Wife's last name First name Middle name Maiden Name				2. Any other names by which mother is or has been known			
3. Date of Birth		4. Social Security Number		5. Driver license number and state			
6. Mailing address and residence address (if different)							
7. Eye color	8. Hair color	9. Height	10. Weight	11. Race	12. Scars, tattoos, etc.		
13. Home telephone no.		14. Work telephone no.		15. Maiden name		16. Occupation	
17. Business/Employer's name and address						18. Gross weekly income	
19. Has wife applied for or does she receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No						20. DHS case number	
21. Father's last name First name Middle name				22. Any other names by which father is or has been known			
23. Date of Birth		24. Social Security Number		25. Driver license number and state			
26. Mailing address and residence address (if different)							
27. Eye color	28. Hair color	29. Height	30. Weight	31. Race	32. Scars, tattoos, etc.		
33. Home telephone no.		34. Work telephone no.		35. Occupation			
36. Business/Employer's name and address						37. Gross weekly income	
38. Has husband applied for or does he receive public assistance? If yes, please specify kind. <input type="checkbox"/> Yes <input type="checkbox"/> No						39. DHS case number	
40. a. Name of Minor Child Involved in Case		b. Birth Date	c. Age	d. Soc. Sec. No.	e. Residential Address		
41. a. Name of Other Minor Child of Either Party		b. Birth Date	c. Age	d. Soc. Sec. No.	e. Residential Address		
42. Health care coverage available for each minor child							
a. Name of Minor Child		b. Name of Policy Holder		c. Name of Insurance Co./HMO		d. Policy/Certificate/Contract No.	
43. Names and addresses of person(s) other than parties, if any, who may have custody of child(ren) during pendency of this case							

If any of the public assistance information above changes before your judgment is entered, you are required to give the Court Clerk written notice of the change.

☐ I request support services under Title IV-D of the Social Security Act.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date
FOC 23 VERIFIED STATEMENT

Signature

Little Traverse Bay Bands of
Odawa Indians
Tribal Court

CHILD CUSTODY JURISDICTION AFFIDAVIT

CASE NO.

Court Mailing Address
911 Spring St., Petoskey, MI 49770

Court telephone no.
231-242-1462

CASE NAME:

1. The name and present address of each child (under 18) in this case are:
2. The addresses where the child(ren) has/have lived within the last 5 years are:
3. The names and present address(es) of custodians with whom the child(ren) has/have lived within the last 5 years are:
4. I do not know of, and have not participated (as a party, witness, or in any other capacity) in any other court decision, order, or proceeding (including divorce, separate maintenance, separation, neglect, abuse, dependency, guardianship, paternity, termination of parental rights, and protection from domestic violence) concerning the custody or parenting time of the child(ren), in this jurisdiction or any other jurisdiction, **except:** specify case name and number, court name and address, and date of child custody determination, if one
5. I do not have information of any pending proceeding that could affect the current child custody proceeding, including a proceeding for enforcement or a proceeding relating to domestic violence, a protective order, termination of parental rights, or adoption, in this jurisdiction or any other jurisdiction, **except:** specify case name and number, court name and address, and nature of the proceeding

That proceeding ☐ is continuing. ☐ has been stayed by the court.
☐ Temporary action by this court is necessary to protect the child(ren) because the child(ren) has/have been subjected to or threatened with mistreatment or abuse or is/are otherwise neglected or dependent. Attach explanation
6. I do not know of any person who is not already a party to this proceeding who has physical custody of, or who claims rights of legal or physical custody of, or parenting time with, the child(ren), **except:** state name(s) and address(es) of each person

7. The child(ren)'s "home jurisdiction" is _____ . See back for definition of "home jurisdiction"

☐ 8. I state that a party's or child's health, safety, or liberty would be put at risk by the disclosure of this identifying information.

I have filled this form out completely, and I acknowledge a continuing duty to advise this court of any proceeding in this state or any other state that could affect the current child-custody proceeding.

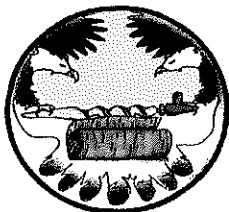
Signature of affiant _____ Name of affiant (type or print) _____ Address of affiant _____

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____

Notary public, State of Michigan, County of _____

"Home jurisdiction" means the jurisdiction in which the child(ren) lived with a parent or a person acting as a parent for at least 6 consecutive months immediately before the commencement of a child-custody proceeding. In the case of a child less than 6 months of age, the term means the jurisdiction in which the child lived from birth with a parent or person acting as a parent. A period of temporary absence of a parent or person acting as a parent is included as part of the period.



LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS TRIBAL COURT

Court Address: 911 Spring St., Petoskey, MI 49770 ~ (231) 242-1462

SUMMONS

Civil Action, File Number _____

_____)	
(Plaintiff))	
)	
v)	Summons
)	
_____)	
(Defendant))	

To the above-named Defendant:

In the name of the people of the Little Traverse Bay Bands of Odawa Indians, you are hereby

summoned and required to serve upon _____,
Plaintiff

whose address is _____,

an answer to the complaint which is herewith served upon you, within **28 days after service** of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

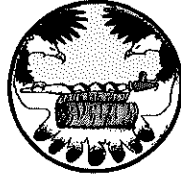
Date Issued

Court Clerk

This summons expires on _____ (91 days) after the complaint is filed and is
Date
invalid unless served on or before the last date on which it is valid.

**Little Traverse Bay Bands of Odawa Indians
Tribal Court**

Court Address: 911 Spring St., Petoskey, MI 49770
Telephone No. 231-242-1462 – Fax 231-242-1470



CERTIFICATE OF SERVICE

I, _____ certified on this _____ a copy of this
Name Date

_____ was served by
Document Heading

First-Class Mail / Fax / Personal / Internal Mail / Electronic Mail upon

Plaintiff/Defendant

Date

Signature